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FOR OFFICIAL USE ONLY

APPENDIX J

-- NMPS MOBILIZATION CHECK LIST --

NMPS MOBILIZATION PROCESSING FOR SELECTED RESERVISTS

NOTE: ALL ITEMS MUST BE FILLED OUT PRIOR TO RESERVIST DEPARTING THE NMPS.

NAME: _____ RANK/RATE: _____
 SSN/DESIGNATOR: _____ SEX: M _____ F _____
 UNIT ASSIGNED: _____ UIC: _____
 ULTIMATE DUTY STATION: _____ UIC: _____

A. INITIAL NMPS REQUIREMENTS:

	YES	NO	N/A
1. RESERVIST HAS A DELAY OR EXEMPTION REQUEST? IF YES, WHAT ARE THE REASONS? _____ _____ _____ _____ _____ _____ _____			
2. RESERVIST REQUIRES, A SPECIAL CASES BOARD BE CONDUCTED? IF YES, EXPLAIN FINAL DETERMINATION: _____ _____ _____ _____ _____ _____ _____ _____			
3. IF REQUIRED, CRC (JPOM) CHECKLIST PROVIDED?			

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B. PSD REQUIREMENTS:

	YES	N/A	NO; HOLD AND REASON	CORRECTED DATE
1. GREEN ID CARD ISSUED?				
2. IF REQUIRED, A VALID GENEVA CONVENTION CARD ISSUED?				
3. IF REQUIRED, DOG TAGS (TWO, W/ CHAIN) ISSUED?				
4. ENTERED INTO MAPMIS AS A GAIN?				
5. MMPA ESTABLISHED AND AUDITED?				
6. IF RESERVIST HAS MILITARY OR PRIOR MILITARY SPOUSE HAS DON DEPENDENT CARE CERTIFICATE (OPNAV 1070/1) BEEN PREPARED AND VERIFIED?				
7. NAVPERS 1070/602 (PAGE 2) UPDATED AND VERIFIED?				
8. DEERS ENROLLMENT INFORMATION VERIFIED AND ENTERED IN RAPIDS?				
9. DEPENDENT ID CARD APPLICATIONS PREPARED?				
10. BAQ ENTITLEMENT REVIEWED AND PROPER EVENT REPORTED?				
11. VHA ENTITLEMENT REVIEWED AND INITIATED?				
12. RESERVIST ADVISED OF MONTGOMERY GI BILL BENEFITS?				
13. TRICARE ELECTION CERTIFICATE VERIFIED, COMPLETE AND IN RESERVIST'S SERVICE RECORD?				

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	YES	N/A	NO/HOLD/AND/REASON	CORRECTED DATE
14. SGLI VERIFIED OR INITIATED?(INFORM MEMBER THAT AMOUNT OF SGLI COVERAGE CURRENTLY IN FORCE WILL CARRY OVER TO ACTIVE DUTY UNLESS THE MEMBER INITIATES A CHANGE. SUBMIT AN INITIAL ELECTION OR CHANGE IF APPROPRIATE.)				
15. DOES RESERVIST HAVE NECESSARY SECURITY CLEARANCE AND CORRECT OPNAV 5520/20 IN SERVICE RECORD?				
16. COMPLETE HISTORY OF ASSIGNMENT (NAVPERS 1070/605) OR ENLISTED PERFORMANCE RECORD (NAVPERS 1070/609) ENTERED?				
17. DD-2058 (STATE OF LEGAL RESIDENCE) VERIFIED OR PREPARED?				
18. STATE/FEDERAL TAX WITHHOLDING FORMS VERIFIED/PREPARED?(W-4)				
19. ALLOTMENT REQUESTS COMPLETED/PROCESSED? (NAVCOMPT 2273)				
20. IF REQUIRED, TRAVEL OR COUNTRY CLEARANCE PREPARED IN ACCORDANCE WITH OPNAVINST 4650.11E?				
21. PAGE 13 (NAVPERS 1070/613) ENTRY AFFIDAVIT OF NON-RECEIPT OF PENSION OR DISABILITY COMPENSATION COMPLETED AND SIGNED IF NOT COMPLETED BY THE NRC/NRA?				

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	YES	NO	NO HOLD AND REASON	REMARKS (OPEN)
22. FOR OFFICERS ONLY: REPORT OF HOME OF RECORD AND PLACE IN WHICH ORDERED TO A TOUR OF ACTIVE DUTY (NAVPERS 1070/74) COMPLETED IF NOT COMPLETED BY THE NRC/NRA?				
23. ENTITLEMENT TO PER DIEM VERIFIED IN ORDERS?				
24. SERVICE RECORD SCREENED FOR SANCTUARY? IF RESERVIST WILL BECOME ELIGIBLE FOR SANCTUARY WHILE ON ORDERS CONTACT BUPERS (PERS-91).				
25. FOR ENLISTED ONLY: REENLISTMENT PROCESS INITIATED AS NECESSARY?				
26. ENROLLED IN DDS?				
27. SPECIAL PAY AND ALLOWANCES PROPERLY INITIATED?				
28. ENTITLEMENT TO SPECIAL CLOTHING ALLOWANCE INITIATED?				
29. FAMILY SEPARATION ALLOWANCE INITIATED?				
30. IF REQUESTED, ADVANCED TRAVEL PAY INITIATED?				
31. BENEFITS AND ENTITLEMENTS REVIEWED W/RESERVIST (PER POLICY GUIDANCE)?				

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	YES	NO	NO, HOLD AND REASON	CORRECTED DATE
32. SERVICE RECORD WITH RESERVIST?				
33. ORDERS PROPERLY ENDORSED?				
34. TICKETS WITH GTR TRANSPORTATION ARRANGED FOR FORWARD DEPLOYMENT WITH RESERVIST?				
35. IF REQUIRED, DOES RESERVIST NEED TO APPLY FOR A PASSPORT/VISA?				

SIGNATURE OF CERTIFYING PSD OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

C. MEDICAL REQUIREMENTS:

	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
1. PHYSICAL EXAM CURRENT AND SF 88/SF 93 REVIEWED?				
2. INOCULATIONS AND IMMUNIZATIONS CURRENT?				
3. REQUIRED INOCULATIONS AND IMMUNIZATIONS FOR DEPLOYMENT AREA COMPLETED?				
4. IF REQUIRED, TWO MEDICAL WARNING TAGS?				
5. PREVENTIVE MEDICINE BRIEF PROVIDED?				
6. HIV TEST RECORDED AND WITHIN 6 MONTHS OF DEPLOYMENT? IF RESULTS ARE POSITIVE, CONTACT CNO/N1 FOR EXEMPTION.				

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	YES	N/A	NO/HOLD AND REASON	CORRECTED DATE
8. IF REQUIRED, DNA SAMPLE COLLECTED?				
9. ANY MEDICAL CONDITION WHICH COULD AFFECT MOBILIZATION (PREGNANCY, DISEASE, HANDICAP, INJURY, PSYCHIATRIC COUNSELING, ETC? EXPLAIN CONDITION: _____ _____				
10. IF RESERVIST STATED YES TO ITEM #9 ABOVE, IS DOCUMENTATION FOR THIS MEDICAL CONDITION IN HIS/HER MEDICAL RECORD?				
11. NECESSARY EYEGLASSES AND OR HEARING AIDS WITH RESERVIST?				
12. GAS MASK EYE INSERTS REQUIRED?				
13. RESERVIST'S CIVILIAN PRESCRIBED MEDICATIONS REVIEWED?				
14. PERSONAL PRESCRIPTIONS (180 DAY SUPPLY)?				
15. RESERVIST A PARTICIPANT OF THE EXCEPTIONAL FAMILY MEMBER PROGRAM?				
16. MEDICAL RECORD WITH RESERVIST?				
17. EVALUATED AND DETERMINED FIT FOR FULL ACTIVE DUTY NAVY STANDARDS?				

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SIGNATURE OF CERTIFYING MEDICAL OFFICIAL: _____

PRINTED NAME/PHONE NUMBER _____

DATE/TIME: _____

D. DENTAL REQUIREMENTS:

	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
1. CLASS 1/2?				
2. CURRENT PANORAL AND BITEWING X-RAYS IN RECORD?				
3. ANY DENTAL CONDITION WHICH MAY DELAY MOBILIZATION? IF YES, EXPLAIN: _____ _____				
4. DENTAL RECORD WITH RESERVIST?				
5. COMPLETE DENTAL RECORD ON FILE?				

SIGNATURE OF CERTIFYING DENTAL OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

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E. LEGAL REQUIREMENTS:

	YES	N/A	NO. HOLD AND REASON	CORRECTED DATE
1. COUNSELED ON SOLDIERS' AND SAILORS' CIVIL RELIEF ACT (SSCRA) (INCLUDING REVIEW OF ANY UNRESOLVED CIVILIAN LITIGATION MATTERS)?				
2. COUNSELED ON FAMILY LEGAL NEEDS (ENSURE RESERVIST HAS CURRENT WILL/POA/SGLI?)				
3. BRIEFED ON UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA) PROVISIONS?				
4. BRIEFED ON GENEVA CONVENTION?				
5. ANY OUTSTANDING LEGAL NEEDS? IF YES, EXPLAIN: _____ _____				
6. DOES RESERVIST HAVE ANY PENDING CIVIL OR CRIMINAL ISSUES/CHARGES? (THIS WOULD INCLUDE DIVORCE OR CHILD CUSTODY ISSUES.) IF YES, CONSULT CNO/N1/BUPERS TO DETERMINE POSSIBLE DELAY OR EXEMPTION STATUS.				

SIGNATURE OF CERTIFYING LEGAL OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

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F. FAMILY SERVICE CENTER (FSC) REQUIREMENTS:

	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
1. DOES RESERVISTS HAVE ANY FAMILY MEMBER(S) WITH SPECIAL NEEDS, MEDICAL, ETC?				
2. RESERVIST BRIEFED ON AVAILABLE SERVICES AND PROVIDED HANDOUTS TO PASS ON TO FAMILY?				
3. RESERVIST PROVIDED POINTS OF CONTACT OF THE NEAREST FSC/OMBUDSMAN FOR THEIR DEPENDENT(S)?				

SIGNATURE OF CERTIFYING FSC OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

G. SUPPLY REQUIREMENTS:

	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
1. RESERVIST HAS COMPLETE SEABAG?				
2. ORGANIZATIONAL CLOTHING ISSUED (FOR RESERVISTS NOT PROCESSING THROUGH CRC/JPOM)?				

SIGNATURE OF CERTIFYING SUPPLY OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

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H. NMPS FINAL CERTIFICATION:

	YES	NO	N/A
1. RESERVIST DOES NOT MEET MOBILIZATION REQUIREMENTS AND WILL RECEIVE A SPECIAL CASES BOARD. (DELAY AND EXEMPTION DETERMINATION). EXPLAIN: _____ _____			
2. BOARD DETERMINATION: _____ _____ _____			
3. NMPS HAS COMPLETED ALL MOBILIZATION REQUIREMENTS AND RESERVIST IS READY TO PROCEED TO FOLLOW-ON COMMAND? IF NO, REASON: _____ _____			
4. RESERVIST INCLUDED IN A PERSONNEL TRANSFER REPORT IDENTIFYING RESERVISTS COMPLETING MOBILIZATION AND THEIR EXPECTED REPORT DATE TO THE FOLLOW-ON AND/OR GAINING COMMAND?			
5. RESERVIST INCLUDED IN THE MOBILIZATION AND/OR ADSW STATUS REPORT TO CNO (N1)?			
6. ORDERS AND SERVICE, MEDICAL AND DENTAL RECORDS WITH RESERVIST?			
7. RESERVIST BRIEFED ON FOLLOW-ON COMMAND TRAVEL PLANS AND ETA?			
8. RESERVIST PROVIDED WITH FOLLOW-ON COMMAND CONTACT PHONE NUMBER FOR ENROUTE DELAYS: _____			

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	YES	NO	NA
9. RESERVIST PROVIDED A COPY OF HIS/HER COMPLETED MOBILIZATION CHECKLIST TO RETAIN? IF CRC (JPOM) IS REQUIRED, PROVIDE RESERVIST A COPY OF THE MOBILIZATION CHECK LIST TO PROVIDE TO THE CRC (JPOM) ACTIVITY. THE NMPS RETAINS THE COMPLETED ORIGINAL MOBILIZATION CHECKLIST FOR THE RESERVIST'S PERSONAL RECALL FILE.			
10. IF CRC (JPOM) IS REQUIRED, DOES THE RESERVIST HAVE THE COMPLETED ORIGINAL CRC (JPOM) CHECKLIST TO PROVIDE TO THE CRC (JPOM) ACTIVITY AND A COPY FOR HIMSELF/HERSELF? A COPY OF THE CRC (JPOM) CHECKLIST IS RETAINED AT THE NMPS IN THE RESERVIST'S PERSONAL RECALL FILE.			

SIGNATURE OF CERTIFYING NMPS OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

SIGNATURE OF RESERVIST: _____

DATE/TIME: _____